



**APPLICATION FOR A PERMIT TO INSTALL, ALTER, REPAIR OR REVIEW
PLANS FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
ENVIRONMENTAL HEALTH**

800 W. Canal Drive
Kennewick, WA 99336
(509) 582-7761, ext. 246

310 7th Avenue
Prosser, WA 99350
(509) 786-1633

Account # _____ Guarantor # _____ Log # _____

ALL ITEMS IN THIS BOX MUST BE COMPLETED TO ACCEPT THIS APPLICATION, IF YOU NEED HELP CONTACT THIS OFFICE.

NAME OF APPLICANT: _____
HOME TELEPHONE: _____ WORK TELEPHONE: _____
CURRENT MAILING ADDRESS: _____ CITY _____ ZIP _____
PARCEL NUMBER: _____ SECTION _____ TOWNSHIP _____ RANGE _____
LEGAL DESCRIPTION OF PARCEL: _____
PHYSICAL ADDRESS: _____

BUILDER OR ENGINEER: _____ TELEPHONE: _____

TYPE OF SYSTEM **Single Family Home:** New(5401) _____ Renewal(5402) _____ Repair(5405) _____ Replacement(5406) _____
Alternative System Plan Review(5408) _____ Alteration(5409) _____
Commercial/Non-Residential: New Less Than 500gpd(5403) _____ New Greater Than 500gpd(5404) _____
Repair(5407) _____ Type of Business _____

TYPE OF CONSTRUCTION: SITE BUILT _____ PRE-MANUFACTURED _____

LOT SIZE _____ in square feet or acres MAXIMUM NUMBER OF USERS PER 24 HOURS: _____
NUMBER OF BEDROOMS OR GALLONS PER DAY: _____ DISTANCE TO PUBLIC SEWER: _____
BASEMENT: _____ TYPE: FULL _____ SPLIT _____ PROPOSED SEPTIC TANK SIZE _____
PROPOSED ABSORPTION SYSTEM: DRAINFIELD _____ PRESSURE DISTRIBUTION _____
SANDFILTER _____ OTHER _____ SQUARE FOOTAGE OF SYSTEM _____
WATER SUPPLY: SINGLE FAMILY WELL _____ MUNICIPAL/COMMUNITY (NAME) _____
PROPOSED SEWAGE SYSTEM INSTALLER: _____

INSTRUCTIONS:

1. This is an application for a permit and must be submitted and a permit received prior to the construction of an on-site sewage system. It is illegal to install a sewage disposal system without first obtaining a permit from the Benton-Franklin District Health Department. PLEASE NOTE THIS IS NOT A PERMIT.
2. One or more soil profile holes may be required on each building site. These holes shall be ten (10) feet deep and located in the drainfield area where requested by the Health Officer. Additional testing i.e. particle size analysis and/or percolation testing, may be required.
3. Based on the findings at the inspection of these holes, and other criteria, the Health Officer may approve the site, ask for further information, or deny the issuance of the Permit.
4. Fees: Fees will be charged in accordance with the current fee schedule, and must be submitted with the application. FEES PAID ARE NON-REFUNDABLE AND NON-TRANSFERABLE.
5. USE REVERSE SIDE FOR PLOT PLAN OR ATTACH ON A SEPARATE PAGE..
6. THIS PERMIT IS SUBJECT TO APPLICABLE ZONING LAWS AND IT IS THE PERMITTEES RESPONSIBILITY TO COMPLY WITH SAID LAWS PRIOR TO INSTALLATION.
7. Each applicant shall have the right of appeal to any decision made by the Health Officer.

I certify, by signature, that I am either the fee simple owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for the purposes of application evaluation, water system inspections, or any subsequent inspections.

Signature: _____ Date _____

ITEMS NEEDED ON PLOT PLAN:

1. All existing and proposed buildings (size and location)
2. Driveways and patios, proposed or existing
3. Water lines location and purpose
4. Property dimensions
5. Adjacent roads, street names
6. Slope of land/surface drainage
7. Ponds, irrigation canals, rivers, etc. within 100 feet of the property
8. Proposed sewage system location, including reserve system area
9. All wells, irrigation or domestic, within 150 feet of the property
10. All utility, access or other easement located on the property
11. Scale of drawing i.e one inch equal 10 feet

NORTH

